



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF VETERINARY MEDICINE

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**APPLICATION FOR REINSTATEMENT OF LAPSED VETERINARIAN LICENSE
OR
REQUEST FOR REACTIVATION OF INACTIVE VETERINARIAN LICENSE
INSTRUCTION SHEET**

General Information

The *Application for Reinstatement of Lapsed Veterinarian License* is a dual purpose form. It is required to reinstate a lapsed license but may also be used to request reactivation of an inactive license.

- When a Veterinarian license has been lapsed for one or more years, you can no longer renew it. Instead, you must apply to reinstate it before you can resume practicing veterinary medicine in Delaware. Use this application form when your former Delaware Veterinarian license is in *Lapsed-Must Reinstate Status*. See the section on **Requirements for Reinstatement Applications** below.
- If your Veterinarian license is in *Inactive* status, you must file a request to reactivate it before you can resume practicing veterinary medicine in Delaware. You may use this form to request reactivation. See the section on **Requirements for Reactivation Requests** below.
- To find out your license's status, you can look it up online at [Search & Verify License Online](#). Do **not** resume practicing in Delaware until your license is back in *Active* status.
- Before practicing in Delaware, contact the Division of Revenue to find out if you are required to have a [business license](#).

Requirements for Reinstatement Applications

The following items are required if you are applying to reinstate a license that is in *Lapsed-Must Reinstate* status.

- ☐ Submit a signed, completed and notarized [Application for Reinstatement of Lapsed Veterinarian License](#).
- ☐ Enclose the non-refundable [reinstatement fee](#) by check or money order made payable to "State of Delaware."
- ☐ If you have ever held a Veterinarian license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a verification of licensure from each jurisdiction where you have **ever** held a license, sent *directly* from the jurisdiction to the Board office.
- ☐ Submit proof that you have completed the required continuing education (CE) as follows:

IF your Delaware Veterinarian license has been lapsed for...	THEN submit proof that you have completed this amount of CE:
12 to 24 months	24 hours completed within two years before filing this application for reinstatement
over 24 months	36 hours completed within four years before filing this application for reinstatement

- See Sections 9.4 through 9.6 of the Board's [Rules and Regulations](#) for information on acceptable CE.
- To find out when your license lapsed, look it up online at [Search & Verify License Online](#).

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Requirements for Reactivation Requests

The following items are required if you are applying to reactivate a license in *Inactive* status.

- ☐ Submit a signed, completed and notarized [Request for Reactivation of Inactive Veterinarian License](#).
- ☐ Submit proof that you have completed 24 hours of acceptable continuing education (CE) within the two years before filing this request for reactivation.
- See Sections 9.4 through 9.6 of the Board's [Rules and Regulations](#) for information on acceptable CE.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

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TYPE OF REQUEST

1. Check why you are filing this form (check one):

- ☐ **Reinstatement** – I am applying to reinstate my lapsed Delaware license, license number N1 - _____
- ☐ **Reactivation** – I am requesting to change my inactive Delaware license, license number N1 - _____ to *Active* status.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Full Name: _____
Last/Family First Middle
3. Other Names Used: ☐ None _____
4. Date of Birth (month/day/year): _____ Gender: ☐ Male ☐ Female
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____

City State Zip
7. Phone: _____ Email: ☐ None _____
daytime evening or cell

LICENSURE/PRACTICE – Only applicants **for reinstatement** complete this section.

8. Have you *ever* held a license to practice veterinary medicine in another jurisdiction? Yes ☐ No ☐ If yes, list each jurisdiction where you have held a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE <i>CURRENT</i> ?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for a license verification to be sent to the Board directly from *each* jurisdiction where you have ever held a Veterinarian license.

CONTINUING EDUCATION – All applicants complete this section.

9. Have you completed the required continuing education for reinstatement/reactivation of your license? Yes ☐ No ☐

Submit proof that you have completed the required continuing education (CE) as follows:

- If you are *reinstating* and your license has been lapsed 12 to 24 months, submit proof of 24 hours of CE completed within two years before filing this application.
- If you are *reinstating* and your license has been lapsed over 24 months, submit proof of 36 hours of CE completed within four years before filing this application.
- If you are *reactivating*, submit proof of 24 hours of CE completed within two years before filing this request.

DISCLOSURES – All applicants complete this section.

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
11. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, arrange for the appropriate authorities to provide information about the charge directly to the Board. The information should be specific enough to enable the Board to determine whether the charge is substantially related to the practice of veterinary medicine.**
12. Have you received any administrative penalties, including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
13. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
14. Are any disciplinary proceedings or unresolved complaints concerning your practice of veterinary medicine pending against you at present? Yes ☐ No ☐ **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
15. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
16. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Notary Signature: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.